



U. S. ENVIRONMENTAL PROTECTION AGENCY

# ACCREDITATION APPLICATION FOR TRAINING PROGRAMS

**Important:** Consult the *Instructions for Training Programs* and the official requirements reprinted there to complete this form. **Please type or print responses in black or blue ink only.**

### A. General Information

Select at least one of the following, as appropriate.

- ' Application for Initial Accreditation
- ' Renewal of Accreditation
- ' Adding additional jurisdiction(s) to accreditation/amending accreditation
- ' Replacement of a lost certificate

Check as many boxes as necessary to indicate the course(s) for which accreditation or re-accreditation is sought. An EPA-run jurisdiction includes an EPA-run state, U.S. territory, or all Indian tribal land(s) in any one Region. List all jurisdiction(s) in which you intend to conduct lead-based paint activity training. If listing an Indian tribal land(s), include the Tribe's full name and mailing address. Attach additional sheets of paper, as necessary.

The fee that you must pay is affected by the number of disciplines and jurisdiction(s) in which you plan to conduct training. See the fees in the instruction booklet to determine your fee. The total fee on this table should include fees calculated on additional sheets.

Official Use Only

**For information on EPA  
and other lead programs,  
see the web site:  
<http://www.epa.gov/lead>**  
*Check here to be listed on  
EPA's web site*

**I = Initial      R = Re-Accreditation**

1<sup>st</sup> jurisdiction:

(See the definition for jurisdictions and the fee examples in the instruction booklet.)

Each additional jurisdiction(s) (list & attach additional sheets as necessary):  
(\$35 per discipline, per jurisdiction)

**Courses in a language other than English** (list each language separately):

(Note: Only worker course(s) can be taught in a language other than English.)

(Note: Only worker courses can be taught in a language other than English.)  
(\$1,760 for initial course and \$35 for each additional state, U.S. territory/Indian tribal land(s) per language)

**Total Fee: \$** \_\_\_\_\_

Do you request a fee waiver as a:

Local government applicant

State government applicant

**Nonprofit applicant:** (Nonprofit means an entity that has demonstrated to any branch of the federal government or a to a state, municipal, tribal, or territorial government, that no part of its net earnings inure to the benefit of any private shareholder or individual.)

If your training program designation is nonprofit, specify the IRS issued number below and submit a copy of an official IRS letter confirming such designation. If an agency/state has designated nonprofit status, indicate the agency/state and corresponding identification number, and attach appropriate documentation.

' 501(c)(3) \_\_\_\_\_ ' 501(c)(5) \_\_\_\_\_ ' 501(c)(9) \_\_\_\_\_ ' Other \_\_\_\_\_  
IRS-issued number IRS-issued number IRS-issued number

## B. Applicant Information

Name of Training Program and Street Address: \_\_\_\_\_  
Business, State, Government, etc.

Street Address, Suite Number City State Zip Code

**Mailing Address:** \_\_\_\_\_  
(if different from above)      Address                                      City                                      State                                      Zip Code

Applicant's Phone #: (        )        -        ext.        Applicant's Fax #: (        )        -       

Applicant's E-mail Address:

Please list all names, type of site and locations at which training will take place. Attach additional sheets of paper, as necessary.

Street Address, Suite Number (Please, no P.O. Box)	City	State	Zip Code
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Street Address, Suite Number (Please, no P.O. Box)	City	State	Zip Code
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### C. Qualifications of Training Program Manager

For more information, see the official requirements (40 CFR § 745.225(c)) reprinted in the instruction booklet.

Name of Training Program Manager: \_\_\_\_\_

Training Program Manager's Title: \_\_\_\_\_

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Indicate the highest level of education (college, graduate school, and/or technical, vocational, or special trade school) that the Training Program Manager has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated, if applicable.

School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated
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Please indicate how the Training Program Manager satisfies the requirements of §745.225(c)(1):

Experience or Education or Training \_\_\_\_\_

Location: \_\_\_\_\_ Years: \_\_\_\_\_

City State

**and** one of the following:

' Teaching workers or adults:      Experience    or    Education    or    Training

Location: \_\_\_\_\_ Years: \_\_\_\_\_

City State

Date training completed: \_\_\_\_\_ Date teaching certification received: \_\_\_\_\_  
(If applicable, indicate:) Month/Day/Year (If applicable, indicate:) Month/Day/Year

**or:** Bachelor's or graduate degree in an appropriate field, listed above.

**or:** ' Experience managing a training program specializing in environmental hazards:

Program Name: \_\_\_\_\_ Years: \_\_\_\_\_

Name of Training Center: \_\_\_\_\_ Location: \_\_\_\_\_  
City State

**D. Qualifications of Principal Course Instructor (Attach a separate sheet for each individual.)**

For more information, see the official requirements (40 CFR § 745.225(c)) reprinted in the instruction booklet.

Name of Principal Course Instructor for each course: \_\_\_\_\_  
(If more than one, attach additional sheets.)

Courses assigned to this principal instructor: \_\_\_\_\_  
(Please attach additional sheets if necessary.)

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Indicate the highest level of education (college, graduate school, and/or technical, vocational, or special trade school) that the Principal Course Instructor has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated, if applicable.

School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated
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Please indicate how the Principal Course Instructor satisfies the requirements of §745.225(c)(2):

Teaching workers or adults:      Experience      or      Education      or      Training

Location: \_\_\_\_\_ Years: \_\_\_\_\_  
City State

Date training completed: \_\_\_\_\_ Date teaching certification received: \_\_\_\_\_  
(If applicable, indicate:) Month/Day/Year (If applicable, indicate:) Month/Day/Year

Completion of accredited lead-specific training. Check as many as apply and complete information for each. Attach additional sheets of paper if necessary.

Discipline:    Inspector    Risk Assessor    Supervisor    Project Designer    Abatement Worker  
 Specify EPA or name of accrediting EPA-authorized state, U.S. territory, or Indian tribe: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_ Name of Training Center: \_\_\_\_\_

Training Center Address: \_\_\_\_\_  
Street Address, Suite Number City State Zip Code

Training Center Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext. \_\_\_\_ Date Training Completed: \_\_\_\_\_  
Month/Day/Year

Experience      or      Education      or      Training in an appropriate field

Field: \_\_\_\_\_

Location: \_\_\_\_\_  
City State

Years of applicable experience or education: \_\_\_\_\_

#### E. Other LBP Qualifications

Do you hold current permits, licenses, certifications, or registrations in the lead-based paint activity field in any area/region?      Yes      No

If yes, please fill in the following blanks, one line for each permit, license, certification, or registration. Attach additional sheets of paper, as necessary. For more information, see the official requirements reprinted in the instruction booklet.

Discipline in which certification held	State, U.S. territory, or Indian tribal land(s) name	Certification/Identification Number	Date received
Discipline in which certification held	State, U.S. territory, or Indian tribal land(s) name	Certification/Identification Number	Date received

#### F. Certification of Course Training Material

I certify that I am using the course training materials as marked in the boxes below for each of the courses that I am seeking accreditation as required by § 745.225(b). My signature in section H is applicable to this section F.

	Inspector	Supervisor	Risk Assessor	Project Designer	Abatement Worker
EPA recommended training materials:	/	/	/	/	/
and/or					
Authorized state course (attach documentation that course is state approved):	/	/	/	/	/
Other LBP training (contact the Agency at 1-800-424-LEAD):	/	/	/	/	/

#### G. Additional Information

Use the following space for any additional information or comments that you feel are relevant and should be considered with the application. Attach additional sheets of paper, as necessary.

**H. Certification Statement**

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicants eligibility to receive accreditation to conduct training in the field of lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's accreditation. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I certify that the lead-based paint activity training program described in Parts A through H of this application, including any attachments, meets the requirements established in paragraph (c) of 40 CFR § 745.225. I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any accreditation issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the accreditation. I also attest and affirm that I will maintain my accreditation(s) according to 40 CFR § 745.225 and conduct lead-based paint activities training only in those disciplines and geographical areas in which I have received accreditation.

A false statement on this form may lead to prosecution under 18 U.S.C. 1001 or to imposition of applicable criminal and civil penalties and/or administrative remedies.

Training Program Manager's Signature  
(Please sign legibly in the box above.)

Date Signed

**Before you mail your application, check to make sure that you have two (2) envelopes - one (1) for your application and one (1) for your fees and have:**

- ' Filled out all sections of the application that apply
- ' Enclosed education, experience, and other documents for the Training Program Manager and Principal Course Instructor
- ' Enclosed a quality control plan
- ' Enclosed a copy of the course test blueprint
- ' Enclosed a description of facilities and equipment
- ' Enclosed a description of procedures for hands-on training
- ' Enclosed course manual(s) and course agenda(s) (if not using EPA recommended or authorized State or Indian Tribe approved training materials)
- ' Signed and dated the application
- ' Enclosed a photocopy of the appropriate accreditation fee(s) (check or money order) and fee payment stub in the envelope with your application
- ' Made a copy of your application for your files

**In the first envelope, mail original completed application, supporting materials, and a photocopy of the certification fees to:**

U.S. Environmental Protection Agency  
OPPTS (MC 74040)  
LBP Activities Accred/Cert. Request  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

- ' Complete and enclose the fee payment stub in the envelope for your fees
- ' Your fee payment must include "Lead Program User Fees" on the payment stub
- ' See the fees in the instruction booklet for more information

**In the second envelope, mail accreditation fees and fee payment stub to:**

U.S. Environmental Protection Agency  
Washington Financial Management Center  
Lead Program User Fees  
P.O. Box 360277M  
Pittsburgh, PA 15251